

Course Nomination Form



All Sections must be completed

Part A to be completed by delegate
Part B to be completed by Union Office

Part A:

Course Code: _____ Course Title: _____

Date: _____

Mr/Miss/Mrs/Ms/Dr Forename: _____ Surname: _____

Address: _____

Post Code: _____ Home Tel No.: _____

Work Tel No.: _____ Email: _____

Date of Birth: _____ Ethnicity: _____

Union: _____ Section (if any): _____

Union Position: _____ Time in Union Post(s): _____

Employer/Company: _____

Special Requirements (*): _____

** E.g. large print, tape, Braille, disabled access, etc. For child care please phone our Education Trust team on 01509 410 977 to discuss options.*

Dietary Requirements: Vegan Veg Non-Veg Other: _____

Accommodation Required? Yes or No

Please give brief reason/s for your interest in this course

PART B:

The Nomination Form must be approved by the union's General Secretary or a senior official having responsibility for making nominations.

Approved by: _____

Position: _____

Signed: _____

Date: _____

Please return completed form to: GFTU Educational Trust, 84 Wood Lane, Quorn, Leicestershire, LE12 8DB or email to gftueducation@gftu.org.uk Website: www.gftu.org.uk